

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

18

3 CANDIDATE/  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Mr John G.  
NICKNAME LAST SUFFIX  
Clamp

**OFFICE USE ONLY**

Date Received

03 JUL 17

CITY OF SAN ANTONIO

RECEIVED  
CITY OF SAN ANTONIO

4 CANDIDATE/  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
8531 N. New Braunfels 205 San Antonio, TX 78217

☐ Change of  
Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Mr Steve B.  
NICKNAME LAST SUFFIX  
Grau

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or  
business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
15873 Redwoods Manor San Antonio, TX 78247

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(210) 834-1272

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (attach C/OH - FR)

9 PERIOD  
COVERED

4/24/03 THROUGH 6/30/03

10 ELECTION

ELECTION DATE ELECTION TYPE  
5/3/03 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Councilman District 10

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional page

**GO TO PAGE 2**

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 FILER NAME

John G. Clamp

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate/officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional page17 NO  
REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

12,475<sup>00</sup>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

6,845.20

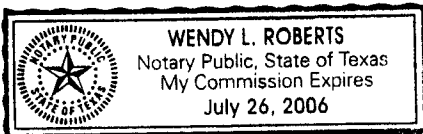
OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, be the said JOHN CLAMP, this the 15<sup>TH</sup> day of JULY, 20 03, to certify which, witness my hand and seal of office.

Wendy L. Roberts  
Signature of officer administering oath

NOTARY - WENDY L. ROBERTS  
Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 9

2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/26/03

5 Full name of contributor

☐ out-of-state PAC ID#

Ronald W. Hagauer

6 Contributor address; City; State; Zip Code

745 E. Mulberry, Suite 850 San Antonio, TX 78212

7 Amount of  
contribution (\$)

\$500.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/26/03

Full name of contributor

☐ out-of-state PAC ID#

LSF Investment Limited

Contributor address; City; State; Zip Code

18750 Stone Oak Parkway, San Antonio, TX 78258

Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/26/03

Full name of contributor

☐ out-of-state PAC ID#

Mr & Mrs Larry Irvin

Contributor address; City; State; Zip Code

P.O.Box PMB 624, Ste 217, San Antonio, TX 78257

Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/26/03

Full name of contributor

☐ out-of-state PAC ID#

Mr & Mrs Scott Haushill

Contributor address; City; State; Zip Code

130 Stanford San Antonio, TX 78212

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/26/03

Full name of contributor

☐ out-of-state PAC ID#

Janet Askins

Contributor address; City; State; Zip Code

27860 Hwy 281 N San Antonio, TX 78260

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
03 JUL 17 AM 10:03

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 9	
2 FILER NAME <i>John G. Clamp</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/26/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Mr &amp; Mrs H. Dale Kane</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>576 Turtle Lane Seguin, TX 78156</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>4/26/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Mr &amp; Mrs Jerry Merck</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>15414 Winter Mist Dr. San Antonio, TX 78247</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>4/26/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Kelly Leach</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 790890 San Antonio, TX 78279</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>4/26/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Mr &amp; Mrs Brad Galo</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>114 Santa Ursula Helotes, TX 78023</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>4/26/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Patricia J. Eller</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 700034 San Antonio, TX 78270</i>			
Principal occupation (Optional)		Employer (Optional)	

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03-04-17 AM 10:02

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/26/03

5 Full name of contributor ☐ out-of-state PAC ID#

Mr & Mrs Michael H. Gulley

6 Contributor address; City; State; Zip Code

10210 Apache Springs San Antonio, TX 78259

7 Amount of  
contribution (\$)

\$200.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/26/03

Full name of contributor ☐ out-of-state PAC ID#

Mr & Mrs Dwaine Rivers

Contributor address; City; State; Zip Code

110 Caprock Circle Boerne, TX 78006

Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/26/03

Full name of contributor ☐ out-of-state PAC ID#

Steven J. Honigblum

Contributor address; City; State; Zip Code

6900 San Pedro, No. 181 San Antonio, TX 78216

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/26/03

Full name of contributor ☐ out-of-state PAC ID#

Larry E. Grothues

Contributor address; City; State; Zip Code

227 New Laredo Hwy San Antonio, TX 78211

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/26/03

Full name of contributor ☐ out-of-state PAC ID#

Mr & Mrs Henry Feldman

Contributor address; City; State; Zip Code

807 East Mandalay Drive San Antonio, TX 78212

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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CITY CLERK  
03 JUL 17 AM 10:02

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/26/03

5 Full name of contributor

Mr John M. McNair

☐ out-of-state PAC ID#

6 Contributor address;

19414 Settlers Creek

City; State; Zip Code

San Antonio, TX 78258

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/26/03

Full name of contributor

Mr & Mrs Richard Sheldon

☐ out-of-state PAC ID#

Contributor address;

601 Sonterra

City; State; Zip Code

San Antonio, TX 77825

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/27/03

Full name of contributor

Mr. David P. Carter

☐ out-of-state PAC ID#

Contributor address;

200 Main Plaza

City; State; Zip Code

San Antonio, TX 78205

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/27/03

Full name of contributor

Mr & Mrs Robert Engberg

☐ out-of-state PAC ID#

Contributor address;

29626 Fairview Place

City; State; Zip Code

Fair Oaks Ranch, TX 78015

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/27/03

Full name of contributor

Mr Paul B. Carter

☐ out-of-state PAC ID#

Contributor address;

802 Augusta

City; State; Zip Code

San Antonio, TX 78215

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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CITY OF SAN ANTONIO  
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13 JUL 17 AM 10:02

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/27/03

5 Full name of contributor

Mr John B. Zachry

☐ out-of-state PAC ID#

6 Contributor address;

P.O. Box 240130

City; State; Zip Code

San Antonio, TX 78224

7 Amount of  
contribution (\$)

\$200.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/27/03

Full name of contributor

Mr. David S. Zachry

☐ out-of-state PAC ID#

Contributor address;

P.O. Box 240130

City; State; Zip Code

San Antonio, TX 78224

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/27/03

Full name of contributor

Mr & Mrs George D. Griffin, III

☐ out-of-state PAC ID#

Contributor address;

3803 Tarawood Court

City; State; Zip Code

Spring, TX 77388

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/27/03

Full name of contributor

Mr & Mrs James G. Bumstead

☐ out-of-state PAC ID#

Contributor address;

6006 Patrick Henry Dr.

City; State; Zip Code

San Antonio, TX 78233

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/27/03

Full name of contributor

Davidson & Troilo - Committee for Civic Awareness

☐ out-of-state PAC ID#

Contributor address;

7550 IH-10 West, Suite 800 San Antonio, TX 78229

City; State; Zip Code

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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CITY OF SAN ANTONIO  
CITY CLERK  
03 JUL 17 AM 10:02

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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1 Total pages this Schedule A1: 9

2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/27/03

5 Full name of contributor

☐ out-of-state PAC ID#

Mr & Mrs Horace E. Horton

6 Contributor address;

City; State; Zip Code

6338 Meadow Haven

San Antonio, TX 78239

7 Amount of  
contribution (\$)

\$500.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/30/03

Full name of contributor

☐ out-of-state PAC ID#

Mr & Mrs Tom Harrod

Contributor address;

City; State; Zip Code

6615 Lake Cliff

San Antonio, TX 78244

Amount of  
contribution (\$)

\$270.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/30/03

Full name of contributor

☐ out-of-state PAC ID#

Mrs Mary Ann Zotti

Contributor address;

City; State; Zip Code

5 Julian Drive

Preston, CT 06365

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/27/03

Full name of contributor

☐ out-of-state PAC ID#

Mr. James R. Allen

Contributor address;

City; State; Zip Code

1262 Phantom Valley

San Antonio, TX 78232

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/27/03

Full name of contributor

☐ out-of-state PAC ID#

Deborah Bauer

Contributor address;

City; State; Zip Code

2 Champions Mark

San Antonio, TX 78258

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
03 JUL 17 AM 10:02



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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1 Total pages this Schedule A1: 9

2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/27/03

5 Full name of contributor

SABOR

☐ out-of-state PAC ID#

6 Contributor address;

9110 W. IH-10, Ste 1

City; State; Zip Code

San Antonio, TX 78230

7 Amount of  
contribution (\$)

\$500.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/28/03

Full name of contributor

Raba-Kistner PAC, Inc

☐ out-of-state PAC ID#

Contributor address;

P.O. Box 690287

City; State; Zip Code

San Antonio, TX 78269

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/28/03

Full name of contributor

Vulcan Materials Company, PAC

☐ out-of-state PAC ID#

Contributor address;

P.O. Box 385014

City; State; Zip Code

Birmingham, AL 35238

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/28/03

Full name of contributor

R. Douglas Leonhard

☐ out-of-state PAC ID#

Contributor address;

5 Inwood Autumn

City; State; Zip Code

San Antonio, TX 78248

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/29/03

Full name of contributor

Mr & Mrs Edwin S. Olsmith, Jr.

☐ out-of-state PAC ID#

Contributor address;

12322 Gran Vista

City; State; Zip Code

San Antonio, TX 78233

Amount of  
contribution (\$)

\$30.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 04/03/2006

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CITY OF SAN ANTONIO  
CITY CLERK  
03 JUL 17 AM 10:02

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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1 Total pages this Schedule A1: 9

2 FILER NAME

*John G. Clamp*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*4/30/03*

5 Full name of contributor

*USAA Group PAC*

out-of-state PAC ID#

6 Contributor address;

*USAA Building OP-1-E*

City; State; Zip Code

*San Antonio, TX 78288*

7 Amount of  
contribution (\$)

*\$500.00*

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

4 Date

*4/30/03*

5 Full name of contributor

*Malcolm T. Hartman*

out-of-state PAC ID#

6 Contributor address;

*1250 N.E. Loop 410, Suite 2 San Antonio, TX 78209*

City; State; Zip Code

7 Amount of  
contribution (\$)

*\$500.00*

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

4 Date

*5/2/03*

5 Full name of contributor

*Mr & Mrs Charles K. Crawford*

out-of-state PAC ID#

6 Contributor address;

*15731 Deer Crest*

City; State; Zip Code

*San Antonio, TX 78248*

7 Amount of  
contribution (\$)

*\$100.00*

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

4 Date

*5/2/03*

5 Full name of contributor

*GSABA-SABPAC*

out-of-state PAC ID#

6 Contributor address;

*8925 IH-10 West*

City; State; Zip Code

*San Antonio, TX 78230*

7 Amount of  
contribution (\$)

*\$1,000.00*

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

4 Date

*5/2/03*

5 Full name of contributor

*Mr & Mrs Arthur M. Lobo*

out-of-state PAC ID#

6 Contributor address;

*123 Elm Spring*

City; State; Zip Code

*San Antonio, TX 78231*

7 Amount of  
contribution (\$)

*\$25.00*

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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CITY OF SAN ANTONIO  
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JUL 17 AM 10:02

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 9

2 FILER NAME

*John G. Clamp*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*5/2/03*

5 Full name of contributor ☐ out-of-state PAC ID#

*Mr & Mrs Javier A. Arguello*

6 Contributor address; City; State; Zip Code

*4104 Conflans Road Irving, TX 75061*

7 Amount of  
contribution (\$)

*\$500.00*

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

*5/2/03*

Full name of contributor ☐ out-of-state PAC ID#

*Minerva Nadler*

Contributor address; City; State; Zip Code

*43 Greens Shade San Antonio, TX 78216*

Amount of  
contribution (\$)

*\$200.00*

In-kind contribution  
description (if applicable)

*Food for Poll Workers*

Principal occupation (Optional)

Employer (Optional)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
03 JUL 17 AM 10:03

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**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule F: 5

## 2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/24/03

5 Payee name

McCoys

7

Amount  
(\$)

\$4.97

6 Payee address;

City; State; Zip Code

1825 Kitty Hawk Rd

Universal City, TX 78148

8 Purpose of payment (See instructions regarding type of information required.)

Nails

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate/Officeholder name Office sought Office held

Date

4/24/03

Payee name

Las Palapas

Amount  
(\$)

\$7.16

Payee address;

City; State; Zip Code

Broadway &amp; Loop 410

San Antonio, TX 78217

Purpose of payment (See instructions regarding type of information required.)

Campaign Lunch

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate/Officeholder name Office sought Office held

Date

4/25/03

Payee name

Altman Direct Marketing

Amount  
(\$)

\$1,394.71

Payee address;

City; State; Zip Code

San Antonio, TX 78154

Purpose of payment (See instructions regarding type of information required.)

Mailout

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate/Officeholder name Office sought Office held

Date

4/25/03

Payee name

Altman Direct Marketing

Amount  
(\$)

\$1,379.86

Payee address;

City; State; Zip Code

San Antonio, TX 78154

Purpose of payment (See instructions regarding type of information required.)

Mailout

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate/Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule F: 5

## 2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/30/03

5 Payee name

United States Postal Service

6 Payee address; City; State; Zip Code

North Broadway Station San Antonio, TX 78217

7 Amount  
(\$)

\$69.00

8 Purpose of payment (See instructions regarding type of information required.)

Postage

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate/Officeholder name Office sought Office held

Date

4/29/03

Payee name

Documart

Payee address; City; State; Zip Code

8800 Broadway San Antonio, TX 78217

Amount  
(\$)

\$19.96

Purpose of payment (See instructions regarding type of information required.)

Printing

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate/Officeholder name Office sought Office held

Date

4/28/03

Payee name

Cutting Edge

Payee address; City; State; Zip Code

3107 Sagehill Street San Antonio, TX 78230

Amount  
(\$)

\$9.25

Purpose of payment (See instructions regarding type of information required.)

Courier services

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate/Officeholder name Office sought Office held

Date

5/2/03

Payee name

Thompson Print Solutions

Payee address; City; State; Zip Code

5616 IH 10 NW San Antonio, TX 78201

Amount  
(\$)

\$966.50

Purpose of payment (See instructions regarding type of information required.)

Printing

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate/Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule F: 5

2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/03

5 Payee name

Fuddruckers

6 Payee address;

Botts Lane

City; State; Zip Code

San Antonio, TX 78217

7

Amount  
(\$)

\$15.98

8 Purpose of payment (See instructions regarding type of information required.)

Campaign working lunch

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate/Officeholder name Office sought Office held

Date

4/30/03

Payee name

Sam's Club

Payee address;

Judson and I-35

City; State; Zip Code

San Antonio, TX 78232

Amount  
(\$)

\$47.04

Purpose of payment (See instructions regarding type of information required.)

Water/drinks/supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate/Officeholder name Office sought Office held

Date

4/30/03

Payee name

Home Depot

Payee address;

8138 Agora Parkway

City; State; Zip Code

Selma, TX 78154

Amount  
(\$)

\$18.35

Purpose of payment (See instructions regarding type of information required.)

Materials

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate/Officeholder name Office sought Office held

Date

4/30/03

Payee name

Home Depot

Payee address;

4909 Windsor Hill

City; State; Zip Code

San Antonio, TX 78239

Amount  
(\$)

\$4.70

Purpose of payment (See instructions regarding type of information required.)

Rebar

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate/Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule F: 5	
2 FILER NAME <i>John G. Clamp</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/30/03</i>	5 Payee name <i>Home Depot</i> 6 Payee address; City; State; Zip Code <i>8138 Agora Pkwy Selma, TX 78154</i>	7 Amount (\$) <i>\$25.53</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>Rebar/Posts</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought Office held	
Date <i>4/30/03</i>	Payee name <i>Formosa Garden</i> Payee address; City; State; Zip Code <i>1011 N.E. Loop 410 San Antonio, TX 78209</i>	Amount (\$) <i>\$18.78</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Lunch</i>		** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought Office held	
Date <i>4/29/03</i>	Payee name <i>Sam's</i> Payee address; City; State; Zip Code <i>12348 North I-35 San Antonio, TX 78232</i>	Amount (\$) <i>\$21.00</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Gas</i>		** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought Office held	
Date <i>4/29/03</i>	Payee name <i>Republican Party of Bexar County</i> Payee address; City; State; Zip Code <i>900 N.E. Loop 410, suite D- San Antonio, TX 78209</i>	Amount (\$) <i>\$50.00</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Fiesta Luncheon</i>		** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F**

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1 Total pages this Schedule F: 5

2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/29/03

5 Payee name

Altman Direct Marketing

6 Payee address;

4283 Gate Crest

City; State; Zip Code

San Antonio, TX 78217

7

Amount  
(\$)

\$1,638.22

8 Purpose of payment (See instructions regarding type of information required.)

Printing

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate/Officeholder name Office sought Office held

Date

5/3/03

Payee name

Barbeque Station

Payee address;

1610 NE Loop 410

City; State; Zip Code

San Antonio, TX 78209

Amount  
(\$)

\$377.56

Purpose of payment (See instructions regarding type of information required.)

Food

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate/Officeholder name Office sought Office held

Date

5/1/03

Payee name

8531 N. New Braunfels Limited

Payee address;

8531 N. New Braunfels, 105 San Antonio, TX 78219

City; State; Zip Code

Amount  
(\$)

\$575.00

Purpose of payment (See instructions regarding type of information required.)

Rent

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate/Officeholder name Office sought Office held

Date

5/1/03

Payee name

Republican Party of Bexar County

Payee address;

900 N.E. Loop 410, Suite d- San Antonio, TX 78209

City; State; Zip Code

Amount  
(\$)

\$50.00

Purpose of payment (See instructions regarding type of information required.)

Luncheon

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate/Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule G: 2

2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/2/03	5 Payee name <i>Jim's Restaurant</i> 6 Payee address; City; State; Zip Code <i>8427 Broadway San Antonio, TX 78209</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Dinner</i>	8 Amount (\$) \$28.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5/7/03	Payee name <i>Texas Land &amp; Cattle</i> Payee address; City; State; Zip Code <i>60 NE Loop 410 San Antonio, TX 78216</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Lunch</i>	Amount (\$) \$49.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/30/03	Payee name <i>Corner Store</i> Payee address; City; State; Zip Code <i>1540 Austin Highway San Antonio, TX 78218</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Gas</i>	Amount (\$) \$36.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/29/03	Payee name <i>Nu-Jet</i> Payee address; City; State; Zip Code <i>9918 Spruce Ridge Drive Converse, TX 78109</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Ink Cartridges</i>	Amount (\$) \$25.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/25/03	Payee name <i>United States Postal Service</i> Payee address; City; State; Zip Code <i>North Broadway Station San Antonio, TX 78217</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Postage</i>	Amount (\$) \$2.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule G: 2

2 FILER NAME

John G. Clamp

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/26/03

5 Payee name

Las Palapas Broadway

6 Payee address;

City; State; Zip Code

847 NE Loop 410

San Antonio, TX 78209

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Lunch

8 Amount  
(\$)

\$9.00

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from political  
contributions  
intendedRECEIVED  
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